

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA

E-filing

AARON JAMES PIERCE
Plaintiff,

v.

MATTHEW MARTEL (WARDEN)
Defendant.

CASE NO.

2630

PRISONER'S
IN FORMA PAUPERIS
APPLICATION

JF

I, AARON JAMES PIERCE, declare under penalty of (PR) perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes _____ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0 Net: 0

Employer: NO EMPLOYER

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

MARCH, 2006 AT T & H COMPRESSOR REPAIR FOR ONE MONTH WHERE
I WAS PAID \$15.00 PER HOUR IN VENTURA, CALIFORNIA

ORIGINAL

01 of 01

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- | | | | |
|----|--|-----------|-------------|
| a. | Business, Profession or self employment | Yes _____ | No <u>X</u> |
| b. | Income from stocks, bonds, or royalties? | Yes _____ | No <u>X</u> |
| c. | Rent payments? | Yes _____ | No <u>X</u> |
| d. | Pensions, annuities, or life insurance payments? | Yes _____ | No <u>X</u> |
| e. | Federal or State welfare payments, Social Security or other government source? | Yes _____ | No <u>X</u> |

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

N/A

3. Are you married? Yes _____ No X

Spouse's Full Name: N/A

Spouse's Place of Employment: N/A

Spouse's Monthly Salary, Wages or Income:

Gross \$ 0 Net \$ 0

4. a. List amount you contribute to your spouse's support:

\$ NO SPOUSE

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

NO ONE

5. Do you own or are you buying a home? Yes _____ No X

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes _____ No X

Make N/A Year N/A Model N/A

Is it financed? Yes _____ No 0 If so, Total due: \$ 0

Monthly Payment: \$ 0

7. Do you have a bank account? (If you are a prisoner, include funds in your prison account, and provide the certificate attached, signed by an officer of the prison.)

Yes X No

Name(s) and address(es) of bank: MIDSTATE BANK AND TRUST 304
EAST MAIN STREET, VENTURA, CALIFORNIA 93001

Present balance(s): \$ 56.00

Do you own any cash? Yes No X Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No X

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed On This Account
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

CHILD SUPPORT TO MY DAUGHTER AMANDA JOE PIERCE AND HER MOTHER
WHO RESIDE OUT OF STATE SOMEWHERE (IDAHO?)

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

05-09-08

DATE

Raron James Pierce
 SIGNATURE OF APPLICANT

rev. 11/97

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ORIGINAL

(PLEASE SEE ATTACHED CDC/CRC
 INMATE TRUST ACCOUNT STATEMENT)

03 of 0

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. REHABILITATION CENTER
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN 01, 2008 THRU APR. 07, 2008

BED/CELL NUMBER: 4 0900000000034L
ACCOUNT TYPE: I

ACCOUNT NUMBER : J55222
ACCOUNT NAME : PIERCE, AARON
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
			LEGAL 3/7	0.92
			LEGAL 3/7	0.75
			LEGAL 3/7	0.75
			LEGAL 3/7	0.41
			LEGAL 3/7	2.16
			LEGAL 3/7	1.65
			LEGAL 3/7	0.75
			LEGAL 3/7	0.34
			LEGAL 3/7	1.48
			LEGAL 3/7	2.50
			LEGAL 3/7	0.41
			LEGAL 3/12	0.50
			LEGAL 3/12	0.75
			LEGAL 3/12	0.41
			LEGAL 3/12	0.50
			LEGAL 3/12	0.41
			LEGAL 3/12	0.41
			LEGAL 3/12	0.41
			LEGAL 3/12	0.41
			LEGAL 3/12	0.41
			LEGAL 3/12	1.31
			LEGAL 3/25	0.50
			LEGAL 3/25	1.48
			LEGAL 4/02	0.75
			LEGAL 4/02	2.16
			LEGAL 4/02	1.65
			LEGAL 4/02	2.20
			LEGAL 4/03	
			LEGAL COPIES HOLD	

CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIF. REHABILITATION CENTER
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU APR 07, 2008

CCT: J55222

ACCT NAME: PIERCE AARON

ACCT TYPE: J

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	28.68	0.00

CURRENT
AVAILABLE
BALANCE

28.68-

Proof of Service by Mail (CCP § 1013(a) & 2015.5; 28 USC 1746)

I declare that: I, AARON JAMES PIERCE 555222/409-342

I am a resident of the County of RIVERSIDE, California. I am over the age of eighteen years. My residence address is:

CALIF. RETMB CENTER P.O. BOX #3535 NORCO, CA 92860

On 05-18-08 I served the attached ① PRISONER'S IN FORMA PAUPERIS APPLICATION, ② THIS REQUEST FOR NOTICE OF FILING IT AND A CONFORMED COPY OF IT

on the PARTIES LISTED HEREINAFTER in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid in the United States mail at _____

addressed as follows CLERK OF THE COURT
U.S. NORTHERN DISTRICT COURT
450 GOLDEN GATE AVENUE
P.O. BOX 36060
SAN FRANCISCO, CALIFORNIA
94102

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) 05-18-08, at CRC IN THE COUNTY OF RIVERSIDE, California.

Type or print name: AARON JAMES PIERCE

Signature: 

E-filing

1 AARON JAMES PIERCE J55222/409-346
CALIFORNIA REHABILITATION CENTER-IV
2 P.O. BOX 3535
NORCO, CALIF 92860-0491

DATE: MAY 18, 2008

3 UNITED STATE DISTRICT COURT
4
5 NORTHERN DISTRICT OF CALIFORNIA

6
7
8 AARON JAMES PIERCE

9 Plaintiff,

10 VS.

CASE NO.:
TO BE SUPPLIED BY THE COURT CLERK

11 MATTHEW MARTEL et. al.

LETTER TO CLERK REGARDING ATTACHED
PRISONERS IN FORMA PAUPERIS APPLICATION

12 Defendant(s).
13
14

15 TO: CLERK AND HONORABLE JUDGE(S) THE REASON I DO NOT HAVE THE
16 ORIGINAL PRISONERS IN FORMA PAUPERIS APPLICATION THAT IS COMPLETED
17 BY INMATE TRUST OFFICE IS I MAILED THE ONLY SIGNED COPY I
18 HAVE WITH MY SECOND AMENDED COMPLAINT (CASE NO C-03-04934 JF
19 (PR) BUT I AM INCLUDING MY TRUST ACCOUNT STATEMENT WITH THIS
20 BECAUSE IT SHOWS MY TRUST ACCOUNT BALANCE IS AT A MINUS.

21 THANK YOU FOR YOUR TIME IN REGARD TO THIS MATTER

22 SINCERELY

23
24 Aaron James Pierce
AARON JAMES PIERCE
25 PLAINTIFF IN ABOVE
26
27
28